



NEWBORN INTENSIVE CARE PROGRAM
Worksheet for Financial Questionnaire

Child's First Name _____ Last Name _____ DOB _____

Household Size

a) _____

Do include newborn(s), parents, siblings, and any dependents claimed on latest tax forms.

Do not include grandparents or other adult family members in the household unless they are assuming financial responsibility for the baby.

Gross Annual Income

Do include current income of both parents prior to any tax or other deductions. Include mother's income **if she will be returning to work after maternity leave**. Include all sources of parental income.

Do not include income of other adult family members such as grandparents unless they are assuming financial responsibility for the baby.

Do not include Supplemental Security Income (SSI) payments received for a child with a disability who is a child or dependent of the parents as defined above.

Father's _____

Mother's _____

Other _____

b) Total Gross Annual Income _____

Household Medical Expenses incurred during the previous 12 months

Do not include expenses paid or expected to be paid by insurance or any other third party payor.

Do not include current charges for baby's stay in the NICU.

Do include mother's prenatal care, hospital charges and baby's hospital charges before transported (if baby was not enrolled in NICP prior to transport).

Do include all medical expenses (only out of pocket expenses) for entire family except newborn:

Medical, Dental, Vision insurance premiums
(deducted from paycheck or direct pay) _____

Doctor, Dentist, and Vision co-pays, deductibles and charges _____

Prescriptions _____

Lab and other medical testing charges _____

Vision Care (glasses/contact lenses) _____

Medical Supplies _____

Surgery Charges _____

Other medical expenses _____

c) Total Medical Expenses _____

TOTAL GROSS ANNUAL HOUSEHOLD INCOME (b) _____

TOTAL MEDICAL EXPENSES (c) _____

ADJUSTED ANNUAL INCOME (b minus c) (d) _____

Transfer (a, b, c, d) to the *NICP Financial Questionnaire* and complete (e) per the instructions. Attach this worksheet to the white original *NICP Financial Questionnaire* and submit to ADHS.

If family liability is determined to be more than zero, the family is required to pay providers as instructed below:

1. The hospital may bill the family up to 75% of their established NICP family liability, but no more than balance due. For example, if the family liability is \$1,000, the hospital may bill the family up to \$750.
2. The physician (a NICP contracted neonatologist) may bill the family up to 25% of their established NICP family liability to pay for the balance of their bills. For instance, if the family liability is \$1,000, the physician may bill the family up to \$250.



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